

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 562185

FILED DATE

12-22-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
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98						
99						
100						
TOTAL IND.			↓		5	↓
TOTAL DEP.	←	←	←	←	23	←
TOTAL CLAIMS					28	

NOT AVAILABLE COPY

updated  
5/25/07